

# Life Insurance Beneficiary Designation Form

# Anthem<sup>®</sup>Life

THE EMPLOYER **MUST** KEEP THIS FORM ON FILE.

Name of employer/group (if applicable)	Policy/certification no.
Name of insured	Social security no.
Name of policyowner (if different)	Social security no.

If you reside in a state with Marital or Community Property Laws, spousal consent is required if your spouse is not listed as a Primary Beneficiary for at least 50%.

**PRIMARY BENEFICIARY(IES): Person or persons who will receive the life insurance proceeds upon your death.**

Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary

Total percentages should add up to 100%. If no percentages are indicated, the proceeds will be divided equally. If no Primary beneficiary survives, proceeds will be paid to the Contingent beneficiary(ies) listed below. Space is provided at the bottom of the page if you wish to name additional Primary or Contingent beneficiaries.

**CONTINGENT BENEFICIARY(IES): Person or persons who will receive the life insurance proceeds if there is no surviving primary beneficiary.**

Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary
Name	Date of birth	Social security no.
Address	Relationship to insured	% to be paid to beneficiary

Signature of insured or policyowner (2 officers' signatures, with title, are required if corporate owned) <b>X</b>	Date signed (MM/DD/YYYY)
Signature of spouse (if not designated as primary beneficiary and residence is in community property state) <b>X</b>	Date signed (MM/DD/YYYY)

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningún costo adicional llamando al número de servicio al cliente que se encuentra en este documento.